MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

12814

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County: Montgomery

City or town: Near Rockville Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? about 1 year.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montg

City or town: Near Rockville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: no.

3.(a) FULL NAME: David Baker.

3.(b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: none

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 28 1939

8. AGE: Years: 1 Months: 11 Days: 26 If less than one day ..... hrs. ..... min.

9. Birthplace: Rockville Md.

(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER

12. Name: Cecil Baker

13. Birthplace: Virginia

MOTHER

14. Maiden name: Lillian Ourgley

15. Birthplace: Penn.

16. Informant: Family

Address: Same.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 26-1940 (month) (day) (year)

Cemetery or crematory: Mt. Zion

Location: Bethesda Maryland

18. Funeral director: W Reuben Pumphrey

Address: Rockville Md

19. Dec. 26 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 24 1940, at 12.20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Deputy Medical 19 to 19

and that I last saw h ..... alive on 19

Immediate cause of death: Examiner case

Crushed chest head & body hemorrhage & shock.

Due to: Run over by train

Due to: B & O

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 12/24/40

Where did injury occur? M. Rockville Montgomery Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) R.R. track

Means of injury: Run over by train Injured at work? no

23. SIGNATURE: O.E. Hawks Deputy Medical Examiner M. D. or other

Address: Rockville Md Date signed 12/24/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17)

CERTIFICATE OF DEATH

12815

Reg. Diat. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 days

Hospital, institution, or street address where death occurred:
The Montgomery County General Hospital Inc

How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Kensington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 9 Pearson Rd
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Dale Clarke Bangham

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) December 15, 1940

8. AGE: Years | Months | Days: 11 | If less than one day: hrs. min.

9. Birthplace Olney, Montgomery Co. Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Mr. Homer C. Bangham

13. Birthplace Anita, Iowa.

MOTHER 14. Maiden name Alvina Schalow

15. Birthplace Adair, Iowa

16. Informant Hospital records.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 27, 1940 (month) (day) (year)

Cemetery or crematory Colesville

Location Colesville, Md

18. Funeral director Roarner E. Pumphrey

Address 8424 Ga ave, Silver Spring, Md

19. Dec 27 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1940, at 10:55 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 15 1940, to December 26 1940

and that I last saw him alive on December 26 1940

Immediate cause of death	DURATION
Prematurity & Mon	
Due to Immaturity	1 day
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. or other

Address Sandy Spring, Md Date signed 12/26/40

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BUREAU V. S.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

12816

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred: The Montgomery County General Hospital Inc.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Kensington, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 9 Pearson St

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Dean Charles Bangham. (Twin #1)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) December 15, 1940

8. AGE: Years | Months | Days 10 | If less than one day — hrs. — min.

9. Birthplace Olney, Montgomery Co, Md (Town, county, and state)

10. Usual occupation Infant.

11. Industry or business

FATHER 12. Name Mr. Homer C. Bangham

13. Birthplace Anita, Iowa.

MOTHER 14. Maiden name Miss Alvina Schalow

15. Birthplace Adair, Iowa.

16. Informant Hospital record.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 27, 1940 (month) (day) (year)

Cemetery or crematory Colesville

Location Colesville, Md

18. Funeral director Warner E. Pumphrey

Address 8424 Ga ave., Silver Spring, Md.

19. Dec 27 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25/ 1940, at 530P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/15/ 1940, to 12/25/ 1940 and that I last saw him alive on 12/25/ 1940

Immediate cause of death Inanition

Due to Premature & Moo

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations —

Date of op. —

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Sandy Sp Md Date signed 12/26/40

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BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-P)

12817

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 34 Freemont

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montgomery

City or town Takoma Park Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 34 Freemont Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME MRS. MARTINA W. BAUMBACH.

3. (b) Social Security Number

4. Sex F.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widowed.

6 (b) Name of husband or wife Joseph P. Baumbach.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1856.

8. AGE: Years 84 Months 2 Days 7 If less than one day ____ hrs. ____ min.

9. Birthplace Prince William Co., Virginia.

(Town, county, and state)

10. Usual occupation At home

11. Industry or business

FATHER 12. Name Peppy Bussard.

13. Birthplace Unknown

MOTHER 14. Maiden name Amanda Sheid.

15. Birthplace Virginia.

16. Informant Mrs. G. A. Olson.

Address 34 Freemont Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 31, 1940. (month) (day) (year)

Cemetery or crematory Wash. Memorial Park.

Location Riggs Road, Pr. Geo. Co., Md.

18. Funeral director J. Arthur Walters.

Address 254 Carroll St. Takoma Park, D.C.

19. 12-29 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29, 1940, at 12 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1940, to Dec 28 1940, and that I last saw her alive on Dec. 28 1940.

Immediate cause of death Bronchial Pneumonia Terminal

Due to Fractured Rt. Femur & Senility

Due to an accidental fall. In her home C.W.G.R.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 3 days 6 mos.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of May, 1940

Where did injury occur? Takoma Park (City or town) (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Accidental fall. Injured at work?

23. SIGNATURE Francis K. Richardson M. D. or other

Address 7717 - Alaska Ave N.W. Wash. D.C. Date signed 12/29/40

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BUREAU V.S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12818

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (170-2)

County Montgomery — Registration Dist. No. 223-

Village or City Takoma Park — No. Washington Sanitarium + Hospital — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Irving Ransom Bell Jr.

(a) Residence: No. 4th St and Eastern Ave St., Ward. B

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year) October 29, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Student

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. School

10. Date deceased last worked at this occupation (month and year) Dec. 11, 1940

11. Total time (years) spent in this occupation 9 years

12. BIRTHPLACE (city or town) Washington D.C. (State or country)

FATHER

13. NAME Irving Ransom Bell

14. BIRTHPLACE (city or town) Washington D.C. (State or country)

MOTHER

15. MAIDEN NAME Carry Agnes Morrow

16. BIRTHPLACE (city or town) Washington D.C. (State or country)

17. INFORMANT Washington San. + Hospital Records. (Address) Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Removal Date Dec. 12, 1940

19. UNDERTAKER The S. H. King Co. (Address) 2901-14th St. N.W. Washington, D.C.

20. FILED Dec 14, 1940 J. Fillmore Noble Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 11 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

t last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at 11 48 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fracture of base of skull, hemorrhage of stomach.	

Other Contributory Causes of Importance:

Name of operation... Date of...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 12/11, 1940

Where did injury occur? New Hampshire Ave. Dist. Col. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury Auto accident (Hit by auto)

Nature of injury

24. Was disease or Injury In any way related to occupation of deceased?

If so, specify

(Signed) C. L. Hayes Jr. Deputy Coroner M. D.

(Address) Prof. Note 12/12/40

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

12819

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Cedar Lane, Cabin John, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Cabin John
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Cedar Lane
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: Mrs. Henrietta Benson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: William H. Benson

6.(c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): January 16, 1865

8. AGE: Years	Months	Days	If less than one day
75	11	4	hrs. min.

8. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Jayhugh Grimes

13. Birthplace: Maryland

MOTHER 14. Maiden name: Martha Fields

15. Birthplace: Maryland

16. Informant: Arthur C. Benson

Address: Bethesda, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 22, 1940 (month) (day) (year)

Cemetery or crematory: Monocacy Cemetery

Location: Beallsville, Maryland

18. Funeral director: W. Reuben Pumphrey

Address: 7005 Wis. Ave. Bethesda

19. December 21 1940 (Date rec'd by registrar) B. C. Perry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: DEC. 20 1940 at 10 15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DEC. 16 1940 to DEC. 20 1940

and that I last saw her alive on DEC. 16 1940

Immediate cause of death	DURATION
Cardiac Arrhythmia and Dehydration	
Due to: Senility	
Arteriosclerosis was the underlying cause.	
Due to: Patient in failing health for three months.	
Other conditions: Physician only saw patient once before her death.	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E. A. A. Dunn M.D.
M. D. or other

Address: Bethesda Md. Date signed: 12-21-40

RECEIVED
JAN 4 1941
BUREAU V. S.

12820

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Kensington (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 66 Conn. Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Kensington (If outside city or town limits, write RURAL and give nearest town)

Street No. 66 Conn. Ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ella M. Blaisdell

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: William Blaisdell

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 23, 1858

8. AGE: Years 81 | Months 11 | Days 12 | If less than one day ..... hrs. ..... min.

9. Birthplace: Carlisle, Mass (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER: 12. Name: Wilkins

13. Birthplace

MOTHER: 14. Maiden name: Betsy Tilletson

15. Birthplace

16. Informant: Albert C. Blaisdell

Address: 66 Conn. Ave. N.W.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec. 7, 40 (month) (day) (year)

Cemetery or crematory

Location: Willington, Mass

18. Funeral director: The G. H. Hines Co.

Address: 2901 - 14th St. N.W., Washington, D.C.

19. Dec. 1 1940 (Date rec'd by registrar) B. C. Perry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 5 1940, at 11 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1940 to 12/5 1940 and that I last saw her alive on 12/5 1940

Immediate cause of death: Chronic myocarditis & endocarditis — DURATION: 10 yrs

Due to

Due to

Other conditions: Terminal hypostatic pneumonia (Include pregnancy within 3 months of death) — 4 days

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

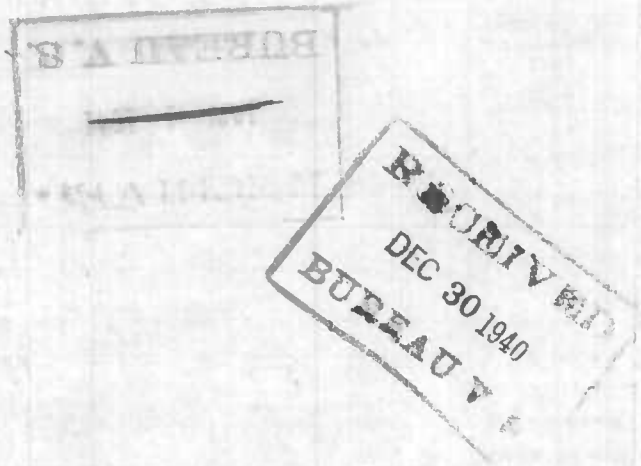
23. SIGNATURE: D. H. Duffey M.D. M. D. or other

Address: 4200 - 9st NW Wash D.C. Date signed: 12/6/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


DEC 30 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (462)

12821

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgo
City or town Aspen Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Montgo.
City or town: Aspin Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Allen A. Bowie

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	A. A.	Single.

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 9, 1842

8. AGE:

Years	Months	Days	If less than one day
98	9	13	hrs. min.

9. Birthplace Howard Co
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Allen G. Bowie.
13. Birthplace unknown
MOTHER 14. Maiden name Mary Murphy
15. Birthplace Unknown
16. Informant William Edwards
Address
17. Buried (Burial, cremation, or removal. Which?) Date thereof Dec. 26 1940 (month) (day) (year)
Cemetery or crematory Mt. Pleasant
Location Norbeck Md.
18. Funeral director Robt. H. Saunders.
Address 246 N. Wash. St. Rockville, Md.
19. Dec 26 1940 (Date rec'd by registrar) Gertrude B Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23. 1940, at 1P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 16 1932, to Dec. 23 1940, and that I last saw h- alive on December 22 1940.

Immediate cause of death Carcinoma Rectum — DURATION
Due to Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wesley Sewell, M.D.
M. D. or other
Address Norbeck Md. Date signed

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-a)

CERTIFICATE OF DEATH

12822

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Near Potomac rur
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 22 Jan

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgom
City or town Near Laytonsville rur Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME John Daniel Brown

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 13 - 1927

8. AGE:

Years	Months	Days	If less than one day
22	—	8	hrs. min.

9. Birthplace Montgom Co Md
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farm
FATHER 12. Name John Brown
13. Birthplace Montgom Co Md
MOTHER 14. Maiden name Maud V Laymon
15. Birthplace Montgom Co Md
16. Informant Maud V Laymon
Address Gaithersburg Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 15 1940 (month) (day) (year)
Cemetery or crematory Laytonsville Md
Location Montgom Co Md
18. Funeral director Roy W Barber
Address Laytonsville Md
19. 12-14 (Date rec'd by registrar) 1940 Faye B Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1940, at 9 02 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 12 1940 and that I last saw h[illegible] alive on 19

Immediate cause of death Strangulation by hanging

DURATION

Due to Suicide

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 12/12/40
Where did injury occur? Near Potomac (City or town) Montgom (County) Md (State)
Injured in home, farm, industry, public place (where?) Near Residence
Means of injury Suicide Injured at work? No

23. SIGNATURE D E Hawks M D Jul 40 Medical Examiner M.D. or other
Address Rockville Md Date signed 12/14/40

RECEIVED
JAN 6 1941
BUREAU V. S.

12823

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 28 days

Hospital, institution, or street address where death occurred:
The Montgomery County General Hospital Inc.

How long in hospital or institution? 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Gaithersburg, Md. RFD
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sarah Brown

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Married

6.(b) Name of husband or wife Wallace H. Brown

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 12, 1888

8. AGE:

Years	Months	Days	If less than one day
52	7	17	..... hrs. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Fleur Talley
13. Birthplace Virginia

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Hospital records

Address

17. Bired Date thereof Jan 1 1941
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Quinchord

Location near Rockville

18. Funeral director Robert L Snouder

Address Rockville Md

19. Jan 1 1941 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29-40 1940, at 4 15 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 2 - 1940, to Dec 29 1940 and that I last saw her alive on Dec 28 - 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	28 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas C Tumbleson M. D. ~~or other~~

Address Sandy Spring Md Date signed 12-29-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12824

Reg. Diat. No. 216

1. PLACE OF DEATH:
County: Montgomery
City or town: Chevy Chase Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? since 1917
Hospital, institution, or street address where death occurred:
5 Quincy St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Montgomery
City or town: Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5 Quincy St.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: Eleanor King Butler

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Dr Wm Kennedy Butler
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 6 - 1858

8. AGE:

Years	Months	Days	If less than one day
82	5	6	..... hrs. ..... min.

9. Birthplace: Montecelo Wright Co. Minn.
(Town, county, and state)
10. Usual occupation: at home
11. Industry or business: none

FATHER
12. Name: Charles King
13. Birthplace: England

MOTHER
14. Maiden name: Eleanor Frances Anderson
15. Birthplace: Scotland

16. Informant: Archibald King.
Address: 15 18 - 28 - St. N.W.

17. (Burial) cremation, or removal. Which?
Date thereof: Dec. 14, 1940 (month) (day) (year)
Cemetery or crematory: Wash. D.C.
Location: Oak Hill

18. Funeral director: Jos. Gawler's Sons
Address: 1756 Pa Ave N. W.

19. Dec. 14 - 1940 (Date rec'd by registrar)
B. E. Perry M.D. Registrar
Deputy
Jan. 2, 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 12 - 1940, at 9:22 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 4th 1940, to Dec 12 1940
and that I last saw h.e.r. alive on Dec 12th 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to: Arterio Sclerosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op. —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Wm M Spigg M.D.
M. D. or other
Address: 1801 - Eye St NW Date signed: 12-13-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12825

1. PLACE OF DEATH (170-C)

County Montgomery Registration Dist. No. 214

Village or City Takoma Park Md. No. Washington Sanitarium & Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Winifred Emily Chappelear

(a) Residence: No. 507 "A" St. N.E. St., Ward. Washington, D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of Andrew Leroy Chappelear

6. DATE OF BIRTH (month, day, and year) June 2, 1898

7. AGE: Years 42 | Months 6 | Days 10 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Unknown

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James R. Lonergan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Carey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Adrian L. Chappelear (Address) 1625 West Virginia Ave., N.E. Apt. #1

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Cedar Hill Cemetery Date Dec. 16, 1940

19. UNDERTAKER Warner E. Pumphrey (Address) Silver Spring, Md.

20. FILED 12/14/40 19 Sallie B. Leibig Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1940, to ____, 1940

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 7:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Deputy medical examiner case Fracture of Skull, Compound fracture of both legs, Yellow Panel Shock.

Date of onset

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/12, 1940

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Hit by automobile

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Hawks, Deputy medical Examiner of Mont. Co. M.D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
DEC 16 1940

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12826

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Montgomery Co (93d) Registration Dist. No. 223-

Village or City Takoma Park, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Laurette Chartters If U. S. Veteran, specify WAR

(a) Residence: No. 15 Montgomery Ave Takoma Park Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Chartters

6. DATE OF BIRTH (month, day, and year) March 17 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Simpson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Fannie Brewer

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Miss Lula Simpson

(Address) 5921 - 16th St. N.W.

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D.C. Date 12-27, 1940

19. UNDERTAKER Lowe Chambers Co

(Address) 1400 Chapin St. N.W. Wash. D.C.

20. FILED Dec 27, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from December 11, 1940, to December 20, 1940

I last saw her alive on December 20, 1940; death is said to have occurred on the date stated above, at 8:16 A.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Hypertension, arterial	1920
Myocarditis, chronic	1938
Heartblock	?

Other **Contributory Causes** of importance:

Apoplectic stroke with paralysis left arm	1938

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Wallace N. Mook)

(Signed) Wallace N. Mook M. D.

(Address) 605 Carroll Ave., Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JAN 6 1941
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12827

1. PLACE OF DEATH (61)

County Montgomery County Registration Dist. No. 273-

Village or City Takoma Park, No. Washington San & Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U.S. if of foreign birth? 5 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Woo See Chin

(a) Residence: No. 236 Montgomery Ave. St., Ward. Rockville, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Chinese	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lun Chin

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55 55	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 36 yrs

12. BIRTHPLACE (city or town) ? (State or country) China

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country) China

MOTHER

15. MAIDEN NAME Woo See Woo

16. BIRTHPLACE (city or town) ? (State or country) China

17. INFORMANT Washington San & Hospital (Address) Takoma Park, Md.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Fort Lincoln Date Dec 30, 1940

19. UNDERTAKER Charles E. Pumphrey (Address) Silver Spring, Md

20. FILED 12/28, 1940 J. Wilson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1940, to December 24, 1940

I last saw her alive on December 24, 1940; death is said to have occurred on the date stated above, at 2:30 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
1. Diabetes Mellitus	Unknown
2. Probable cerebral thrombosis	Dec. 7, '40
3. Arterial hypertension	Unknown

Other **Contributory Causes** of Importance:

Name of operation — Date of —

What test confirmed diagnosis? Blood chemistry Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Donald C. Hartwell M. D.

(Address) Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17-B)

12828

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Montgomery

City or town Silver Spring (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 627- Sligo ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 627- Sligo ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME Wm Keating Conway

3. (b) Social Security Number 011-01-9524. O.K.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Marie Josephine Conway.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 28, 1894.

8. AGE:

Years	Months	Days	If less than one day
46	7	19	____ hrs. ____ min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual occupation Newspaper Correspondent

11. Industry or business

FATHER 12. Name Thomas Conway

13. Birthplace Ireland

MOTHER 14. Maiden name Ella Keating.

15. Birthplace Maryland.

16. Informant Mrs Marie Josephine Conway.

Address 627- Sligo ave. Silver Spring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 20. 1940 (month) (day) (year)

Cemetery or crematory Arlington Nat'l Cemetery.

Location Arlington, Va.

18. Funeral director Warner E. Pumphrey.

Address 8424- Ga. ave, Silver Spring Md.

19. 12/19/40 19 (Date rec'd by registrar) Sallie B. Perling Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1940, at 4.10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17 19 to 19, and that I last saw h alive on Dec 17 19 40; that I last saw him alive on Dec 17 19 40; that death occurred at the time stated above; and that the cause of death was as follows:

Immediate cause of death Coal Carbon monoxide poisoning from exhaust of car

Due to Apparently accidental

Due to Probably went to sleep

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 12/17/40

Where did injury occur? Silver Spring Montgomery Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Garage of home

Means of injury Carbon monoxide from exhaust of car

23. SIGNATURE C. E. Hawkins Deputy Medical Examiner of Montgomery Co

Address Rockville Md Date signed 12/19/40

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12829

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Cabin John, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Cabin John Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Maggie May Cummings

3. (b) Social Security Number: None

4. Sex: Female (female) | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles R. Cummings

B(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): August 10, 1885

8. AGE: Years: 55 | Months: 4 | Days: 19 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: Jesse B. Roberts
13. Birthplace: Maryland

MOTHER
14. Maiden name: Emma Clem
15. Birthplace: Frederick, Maryland

16. Informant: Mrs. Norman Leizear

Address: Cabin John, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 31, 1940 (month) (day) (year)

Cemetery or crematory: Methodist Church Cemetery

Location: Potomac, Maryland

18. Funeral director: W Reubrio Pennephrey

Address: 7005 Wisconsin Ave., Bethesda, Md.

19. Dec. 30 1940 (Date rec'd by registrar) Benj. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 29 1940, at 6.57 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 23 1940, to Dec 29 1940, and that I last saw her alive on Dec 28 1940.

Immediate cause of death: Hypostatic Congestion

Due to: Gall. Bladder Operation

Due to: Stones

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Gall Stones Perforation
Of autopsy

DURATION: 10 days; Nov. 29th

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Lee I. Dowson M D
M. D. or other

Address: 4016 Georgetown Rd Date signed: 12/29/40

VS A15 (T) (1) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12830

Reg. Dist. No. 216

1. PLACE OF DEATH:
County: Montgomery
City or town: Bethesda
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 716 Georgetown Road
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
~~State~~ Dist. of Col. County:
City or town: Washington Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2241 Wisconsin Avenue, N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME EILEEN ARMENIA DONOVAN

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: John Dennis Donovan
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 18, 1883

8. AGE: Years: 57 | Months: 4 | Days: — | If less than one day: hrs. min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John J. Brown
13. Birthplace: Trenton, N.J.

MOTHER
14. Maiden name: Annie ?
15. Birthplace: Ireland

16. Informant: Dr. Leo J. Donovan
Address: 716 Georgetown Road - Bethesda, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec. 18, 1940 (month) (day) (year)

Cemetery or crematory:
Location:

18. Funeral director: Wm. H. Sardo & Co.
Address: 412 "H" Street, N.E. Wash., D.C.

19. 12-19-40 (Date rec'd by registrar) 19 B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18 1940, at 10:45 P.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10 1938, to Dec 18 1940, and that I last saw h[illegible] alive on Dec 15 1940.

Immediate cause of death: Coronary - heart failure — DURATION

Due to: Hypertensive heart disease

Due to:

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: H. R. Schreiter M.D.
M. D. or other
Address: 1716 R.I. Ave. NW Date signed: Dec 18. 40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

12831

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium & Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 3 mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mr. Charles Edward Ford

(a) Residence: No. 303 Greenwood Ave. St., Ward. Takoma Park Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	white	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lauria E. Granthan

6. DATE OF BIRTH (month, day, and year) Oct. 23, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	79	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Night watchman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Phillips Machinery Co.

10. Date deceased last worked at this occupation (month and year) Dec. 1. 1940

11. Total time (years) spent in this occupation 56 yrs

12. BIRTHPLACE (city or town) Alexandria (State or country) Virginia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Washington Sanitarium Records (Address) Takoma Park Maryland.

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Wash DC Date 12/19, 1940

19. UNDERTAKER W. W. Chambers Co (Address) 1400 - Chapel St. N.W.

20. FILED 12-19, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 19. (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1936, 19—, to Dec. 19, 1940

I last saw him alive on Dec 19, 1940; death is said to have occurred on the date stated above, at 1 40 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Mitral Disease	

Other Contributory Causes of importance:

Coronary trouble (Occlusion)

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Edwin E. Roberts

(Signed) 300 Rockefeller DC M. D.

(Address) Wash. DC

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12832

V. S. No. 1

N. B.—WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (937)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mariana Fowler If U. S. Veteran, specify WAR

(a) Residence: No. 210 Flower Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lafayette Cohn Fowler

6. DATE OF BIRTH (month, day, and year) Feb 7 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 9/9/38

11. Total time (years) spent in this occupation 61

12. BIRTHPLACE (city or town) Almstead County (State or country) Virginia

FATHER

13. NAME Honeywell

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT Mrs. Gertrude Conard

(Address) 210 Flower Ave. Takoma Park

18. BURIAL, CREMATION, OR REMOVAL

Place Helena, Mont. Date Dec 28, 1940

19. UNDERTAKER Arthur Walker

(Address) 254 Carroll St. Takoma Park D.C.

20. FILED Dec 22, 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) / 22 (Day) / 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 5/5/1939, to 12/22/1940

I last saw her alive on 12/22/1940; death is said to have occurred on the date stated above, at 2:25 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr Deg Myocarditis	12 yrs
Decompensation	12/22/40

Other Contributory Causes of Importance:

Gen Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Howard F. Snouffer M.D.

(Address) 28 Carroll Ave Takoma Park

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-a)

12833

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:

County Montgomery

City or town Howard Chapel Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 8 years

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Howard Chapel Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Joseph Franklin Gaither

3. (b) Social Security Number no

4. Sex: Male

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband or wife~~ Mannie King

6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) Aug 1 - 1879

8. AGE: Years 61 | Months 4 | Days 15 | If less than one day ___ hrs. ___ min.

9. Birthplace Montgomery Co Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name James Gaither

13. Birthplace Montgomery Co Md

MOTHER

14. Maiden name Catherine Johnson

15. Birthplace Montgomery Co Md.

16. Informant Mary Gaither

Address Brookeville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 21 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Mt Zion Md

Location Montgomery Co Md

18. Funeral director Roy W Barber

Address Laytonsville Md

19. 12/21/40 19 (Date rec'd by registrar) L D Bell Dept. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Probably Dec 15 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Deputy Medical examiner case, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Coronary occlusion

Due to Found dead had not been seen alive since Dec 15 - 1940

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C E Hawks Deputy Medical examiner M.D. or other

Address Brookville Md Date signed 12/19/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12834

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS AT5

1. PLACE OF DEATH:

County Montgomery

City or town Rockville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 912 - Gilj Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 912 - Gilj Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mrs Georgianna O. Good

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Benj. Alexander Good

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): August 7 - 1852

8. AGE: Years 88 | Months 3 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace St. Marys Co - Md. (Town, county, and state)

10. Usual occupation None (House-wife)

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden name Unknown Swan

15. Birthplace Unknown

16. Informant Mrs. Viva Dove (Granddaughter)

Address 912 - Gilj Road - Rockville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 8 - 1940 (month) (day) (year)

Cemetery or crematory Methodist Church

Location Potomac - Maryland

18. Funeral director Wm. Reuben Humphrey

Address Rockville - Maryland

19. 12-8 1940 (Date rec'd by registrar) Faye B. Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1940, at 7.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1939, to Dec 6 1940, and that I last saw her alive on Dec 6 1940

Immediate cause of death Chronic Myocarditis — DURATION

Due to

Due to

Other conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks M. D. or other

Address Rockville Md Date signed 12/7/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

12835

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Bethesda
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 4710 Rosedale avenue
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4710 Rosedale ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Pasquale Forcasino

3. (b) Social Security Number 578-01-0721

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Married.

B (b) Name of husband or wife Rafaelita Forcasino 6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
56	5		hrs. min.

9. Birthplace Sambiase Italy
(Town, county, and state)
10. Usual occupation Tailor
11. Industry or business Sydney West Co Wash. D C
FATHER 12. Name Gasperni Forcasio
13. Birthplace Italy
MOTHER 14. Maiden name Bettina-Paola
15. Birthplace Italy
16. Informant Mrs Betty Forcasio
Address 4710 Rosedale ave Bethesda Md
17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec 8/940 (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director Wm H. Sands & Co
Address 412 H St. N.E. Wash DC
19. Dec 8 19 40 B L Perry Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1940, at 2.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death Coronary Thrombosis — DURATION

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C E Hawks Deputy medical examiner Montgomery Co M.D. or other

Address C E Hawks Date signed 12/8/40

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JAN 4 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12836

(107)

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH:

County Mount Gomery Co. Md.

City or town Clarksburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Mt Gomery Co

City or town Clarksburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Otis Gray Jr

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 21/40

8. AGE: Years | Months 4 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace Frederick, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name George Otis Gray Sr
13. Birthplace Maryland

MOTHER
14. Maiden name Dora Elizabeth Randolph
15. Birthplace Maryland

16. Informant Father

Address Clarksburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-6-1940 (month) (day) (year)

Cemetery or crematory

Location Hyattstown Md.

18. Funeral director Hilton & Burdette

Address Hyattstown Md.

19. Dec 5th 1940 (Date rec'd by registrar) William E. Lewis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1940, at 10 3/4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on above date at my office 3 hours prior to death

Immediate cause of death Bronchial Pneumonia

Due to Bronchitis

Due to

Other conditions Marasmus

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE U G Boreme M. D. or other

Address Frederick Md Date signed 12/6/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

12837

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Derwood Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Derwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rachel E Hamilton

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	widow

6 (b) Name of husband or wife Wm Hamilton (deceased) 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1. 1849.

8. AGE: Years	Months	Days	If less than one day
91	1		hrs. min.

9. Birthplace Montg. co. Md. (City, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name William Dunlop
13. Birthplace Md.
MOTHER 14. Maiden name unk
15. Birthplace
16. Informant Burton Hamilton
Address 2351 Champain St. N.W.
17. Buried (Burial, cremation, or removal. Which?) Date thereof Dec 5 (month, day) (year) 1940 Wash. D.C.
Cemetery or crematory
Location Derwood Md
18. Funeral director Robt. L. Snowden
Address 246 N. Washington St. Rockville
19. 12-6 1940 Jane Barnes Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2, 1940, at 3.30 P.M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1940, to Dec 2 1940, and that I last saw h alive on Dec. 2 1940

Immediate cause of death	DURATION
Myocardeal failure	1 month
Due to Chronic arteriosclerosis & myocarditis	2 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm A. Smithmeyer M.D., M. D. or other
Address Rockville, Md. Date signed 12/3/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12838

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Kensington, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 7 W. Baltimore Street.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4½ Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Kensington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 7 W. Baltimore Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Christian Hansen

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male.	White	Widowed

6 (b) Name of husband or wife Helga Hansen
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 20, 1853

8. AGE:

Years	Months	Days	If less than one day
87	11	5	hrs. min.

9. Birthplace Denmark
(Town, county, and state)
10. Usual occupation Clerk
11. Industry or business Census Bureau

FATHER
12. Name Hans Hansen
13. Birthplace Denmark

MOTHER
14. Maiden name Unknown
15. Birthplace Denmark

16. Informant Mrs. Elsa H. Tyler
Address 7 W. Baltimore St., Kensington, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec. 27, 1940
(month) (day) (year)
Cemetery or crematory Glenwood Cemetery
Location Washington, D.C.

18. Funeral director Wm Reuben Dunphrey
Address Bethesda Md.

19. Dec 26 1940
(Date rec'd by registrar)
Margaret C. Tremearne
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1940, at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 9 1940, to Dec 24 1940, and that I last saw h[illegible] alive on Dec 24, 1940.

	DURATION
Immediate cause of death Cerebral [illegible] thrombosis	3 wks
Due to Cerebral arteriosclerosis	?
Due to Chronic interstitial nephritis	?
Other conditions Subacute bronchitis	2 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy N D and

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Wilkins Coach M. D. or other
Address Kensington, Md. Date signed 12/25/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

12839

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

The Montgomery County General Hospital Inc.

How long in hospital or institution? 14 days -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Sandy Spring

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3.(a) FULL NAME Joseph A. Hill

3.(b) Social Security Number non

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Widowed

6.(b) Name of husband or wife Sadie Hill

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 26 - 1855

8. AGE: Years 85 | Months - | Days - | If less than one day ..... hrs. ..... min.

9. Birthplace Montgomery Co Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER 12. Name Edward Hill

13. Birthplace Montgomery Co Maryland

MOTHER 14. Maiden name Sophia Woodland

15. Birthplace Montgomery Co Md

16. Informant Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 29/40 (month) (day) (year)

Cemetery or ~~crematory~~ Sandy Springs Md

Location Montgomery Co Md

18. Funeral director Roy W. Barber

Address Laytonsville Md

19. Dec 29 1940 Gertrude B. Lawler

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1940, at 6 40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 12 1940, to December 26 1940

and that I last saw h.i.m. alive on December 26 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	12-12-40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas B Tunnicliff M. D. or other

Address Sandy Spring Md Date signed 12-27-40

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 7 1941
BUREAU V. S.

12840

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 103 E - Thorneapple St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 103 E. - Thorneapple St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Edward W. Holmes.

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Adelaide Stelle Holmes

6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1874

8. AGE: Years	Months	Days	If less than one day
66	—	4	hrs. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)

10. Usual occupation Patent Att.

11. Industry or business

FATHER
12. Name Samuel Candy Holmes
13. Birthplace Lincoln, Va.

MOTHER
14. Maiden name Sallie B. Wilson
15. Birthplace Little Creek, Del.

16. Informant Mrs. Edw. W. Holmes

Address 103 - E. Thornapple St.

17. Removal to Wash., D.C. Date thereof Dec. 14, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Little Creek, Delaware

18. Funeral director Jos. F. Birch's Sons

Address 3034 - M Street, N. W. - Wash., D.C.

19. Dec. 14 1940 Benj. C. Perry
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 1940, at 8 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to Dec 14 1940, and that I last saw him alive on Dec. 13 1940.

Immediate cause of death: Progressive Central Muscular Atrophy — DURATION: 2 yrs.

Due to

Due to

Other conditions: Pernicious Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Richard V. Mattingly, M.D.
M. D. or other

Address 4707 Conn. Ave. Wash., D.C. Date signed 12/14/40.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

VS A15 2c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

12841

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: 102 Aspen St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. Chevy Chase, 102 Aspen (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME ALINE B. HUNTINGTON

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife Philip W. Huntington ~~Dec 19, 1877~~ 6.(c) If alive, give age ~~63~~ years

7. Birth date of deceased (mo., day, yr.) Dec 19, 1877

8. AGE:

Years	Months	Days	If less than one day
63		6	hrs. min.

9. Birthplace Wash DC (Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name Philip T. Berry

13. Birthplace Wash DC

MOTHER 14. Maiden name Harriett C. Welch

15. Birthplace Harpers Ferry, Md

16. Informant Col. P. W. Huntington

Address 102 Aspen St., Ch. Ch. Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 12-27-40 (month) (day) (year)

Cemetery or crematory Cedar Hill Crematory

Location Suitland, Md

18. Funeral director Joseph Gawlers Sons

Address 1756 Pa. Ave NW

19. 12-25 1940 (Date rec'd by registrar) B. C. Perry M. D. Registrar

Deputy

Jan 2, 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1940, at 1:75 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 11 1940, to Dec 25 1940 and that I last saw h in alive on Dec 25 1940

Immediate cause of death Arteriosclerosis

Due to Gradual failure of kidney functions

Due to Generalized

Other conditions Anemia Secondary

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations No Operation

None Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William J Mallory M.D. M. D. or other

Address 1720 Conn Ave Date signed 12-25-41

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-1)

12842

CERTIFICATE OF DEATH

Reg. Dist. No. 2-13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Rural near Rockville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Montgomery County Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rural near Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Montgomery County Home
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Jamieson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Widowed

6 (b) Name of husband or wife Anna Jamieson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 72 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Ridgeville Va
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name William C. Jamieson

13. Birthplace Culpepper Va.

MOTHER 14. Maiden name Mary F. Payne

15. Birthplace Va.

16. Informant Edward M Jamieson

Address 1237-W St. S.E. Washington D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 18, 1940 (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Location Southern Road

18. Funeral director Thomas F. Murray

Address 2007 - Nichols Ave., S.E.

19. Dec 16 1940 (Date rec'd by registrar) Faye Barnesley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1940, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940 19____, to Dec. 16 1940, and that I last saw h alive on Dec. 16 at time of death 1940.

Immediate cause of death Chronic myocarditis — DURATION 1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. V. Hartley, M.D. M. D. or other

Address Rockville, Md. Date signed 12/14/40

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12843

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Eight weeks

Hospital, institution, or street address where death occurred: 21 Aspen St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: ~~Balto.~~

City or town: Balto.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 517 Richwood Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary Elizabeth Jolliffe

3. (b) Social Security Number None

4. Sex: F | 5. Color or race: W | 6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Thomas P Jolliffe

6.(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.): Aug 5, 1862

8. AGE: Years 78 | Months 5 | Days 7 | If less than one day ... hrs. ... min.

9. Birthplace: Montgomery Co. Md.
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER
12. Name: John Smith
13. Birthplace: Md.

MOTHER
14. Maiden name: Clark
15. Birthplace: Arundel Co. Md.

16. Informant: Margaret Jolliffe
Address: 517 Richwood Ave. Balto Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 14, 1940 (month) (day) (year)

Cemetery or crematory: Mt. Hebron Cemetery

Location: Winchester, Virginia

18. Funeral director: W Reuben Humphrey

Address: 7005 Wis Ave Bethesda Md

19. Dec. 13 1940 (Date rec'd by registrar) B. C. Perry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 12 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 22 1940, to Dec 12 1940 and that I last saw her alive on 12/12 1940

Immediate cause of death: cerebral hemorrhage — DURATION: 20 days
hypertensive cardio — 7
Due to: renal vascular disease
Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: H. L. Kremberg M.D. (M. D. or other)

Address: 7852 16th NW Wash D.C. Date signed 12/12/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

12844

Reg. Dist. No. 211

1. PLACE OF DEATH:

County Montgomery

City or town Damascus

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Damascus Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ursula Mahala King

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Rufus Fillmore King

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 30, 1857

8. AGE: Years	Months	Days	If less than one day
83	3	2	hrs. min.

9. Birthplace Nr. Damascus, Montgomery Co. Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Middleton King

13. Birthplace Montgomery Co., Maryland

MOTHER 14. Maiden name Amy M. Brewer

15. Birthplace Montgomery Co., Maryland.

16. Informant Ira L. Jones

Address Damascus, Maryland.

17. (Burial, cremation, or removal. Which?) Date thereof Dec 4-1940 (month) (day) (year)

Cemetery or crematory Damascus Md

Location Montgom Co Md

18. Funeral director Roy W Barber

Address Laytonsville Md

19. Dec 3 1940 (Date rec'd by registrar) Della N. Burdette Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2, 1940, at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936 to Dec. 2, 1940 and that I last saw her alive on November 30, 1940

	DURATION
Immediate cause of death Arteriosclerotic Heart Disease - duration of this attack, 3 weeks,	10 yrs.
Due to Generalized Arteriosclerosis	10 yrs.
Due to	
Other conditions Hypertension	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. McKenzie Boyer M.D.

M. D. or other

Address Damascus, Maryland. Date signed 12-2-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B7-a)

12845

CERTIFICATE OF DEATH

Reg. Dist. No. 21-3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montg

City or town: Poolesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 7 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Mont.

City or town: Poolesville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Bettie Sue Kitts

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Apr 29 1940

8. AGE:

Years	Months	Days	If less than one day
	7	10	hrs. min.

9. Birthplace: Poolesville (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business:

FATHER

12. Name: Albert Kitts

13. Birthplace: Bastian, Va

MOTHER

14. Maiden name: Sue Christmas

15. Birthplace: Wythville Va

16. Informant: Albert Kitts

Address: Poolesville

17. Burial, cremation, or removal. Which?: Buried Date thereof: Dec 10 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Medanville

18. Funeral director: W. B. Hilton

Address: Barnesville

19. Dec 9 1941 (Date rec'd by registrar) E. W. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9 1940, at 5 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 29 1940, to Dec 9 1940 and that I last saw her alive on Dec 8 1940

Immediate cause of death: Interna Hydrocephalus — DURATION: 7 mo 10 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E. W. White M. D. or other

Address: Poolesville Date signed 12/9/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-7)

12846

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
County Montgomery
City or town Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4 W. Irving
(If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME George Edgar Ladd

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife Mary H. Ladd
6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) July 23 1864.

8. AGE: Years	Months	Days	If less than one day
76	5		hrs. min.

9. Birthplace Mass. (Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Geo. W. Ladd.
13. Birthplace Mass.

MOTHER
14. Maiden name Eliza A. Priest
15. Birthplace New Hampshire.

16. Informant Col. Shaler Ladd
Address 5600 Grove st. Ch. Ch. Md.

17. Cremation Date thereof Dec 24, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Fort Lincoln
Location Bladensburg rd. & D C Line

18. Funeral director Wm Reuben Humphreys
Address Bethesda Md

19. December 24, 1940 B. C. Perry M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23rd 1940 at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 31st 1940, to Dec 23 1940
and that I last saw h[illegible] alive on Dec 23 1940

Immediate cause of death	DURATION
Cancer of Gall Bladder & Intestine	6 mo.
Due to	
Due to	
Other conditions Coronary Sclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Caryl Burbank M. D. or other
Address 1801 Eye St. Date signed 12-23-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

12847

160-C

1. PLACE OF DEATH

County Montgomery — Registration Dist. No. 223

Village or City Takoma Park — No. Washington Sanitarium & Hospital — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 9 hrs. — How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Leonhardt, Unnamed female infant

(a) Residence: No. ____ St. ____ Ward. ____ Silver Springs

(Usual place of abode) — If nonresident give city or town and State.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	W	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) December 15 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or 34 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Takoma Park, Md (State or country)

FATHER

13. NAME George Theodore Leonhardt

14. BIRTHPLACE (city or town) Philadelphia, Pennsylvania (State or country)

MOTHER

15. MAIDEN NAME Marian Amelia Miller

16. BIRTHPLACE (city or town) Philadelphia, Penna. (State or country)

17. INFORMANT Washington Sanitarium Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL — Place Bladensburg Md Date 12-16 1940

19. UNDERTAKER J. Gasch's Sons (Address) Hyattsville Md.

20. FILED Dec. 16, 1940 — J. Allen Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 16th (Month) (Dey), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1940, to December 16, 1940

I last saw her alive on December 16, 1940; death is said to have occurred on the date stated above, at 8:35A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importence were as follows:

	Date of onset
Asphyxia Neonatarum	
Atelectasis	

Other **Contributory Causes** of Importance:

Severe maternal hemorrhage, placenta praevia.	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Wes diseese or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) M. Isabel Pratt M. D.

(Address) 504 Tulip Ave Takoma Park Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants and wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12848

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH:
County Montgomery
City or town Nr Cedar Grove
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) a few minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Nr. Cedar Grove Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Not named - 5 Month Foetus

3. (b) Social Security Number None

4. Sex M.
5. Color or race C
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife None
— 6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Dec. 26, 1940

8. AGE: Years | Months | Days | If less than one day ___ hrs. 15 min.

9. Birthplace Nr. Cedar Grove, Md.
(Town, county, and state)
10. Usual occupation None
11. Industry or business —

FATHER
12. Name John Fletcher Lyles
13. Birthplace Damascus, Md.

MOTHER
14. Maiden name Helena Genus
15. Birthplace Nr. Cedar Grove

16. Informant Mrs. John F. Lyles
Address R. D. Germantown, Md.

17. Burial Date thereof Dec. 27, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Garden at residence
Location Nr. Cedar Grove, Md.

18. Funeral director ~~Mrs~~ J. B. Beall Inc.
Address Damascus, Md.

19. Dec 27 1940 Della W. Burdette Deputy Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1940, at 4:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 26 1940, to ___ 19___, and that I last saw him ~~alive~~ dead on Dec. 26 1940.

Immediate cause of death Premature delivery - 5 mo. Foetus. (Wasserman neg.)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George M. Boyer, M.D.
M. D. or other
Address Damascus, Md Date signed 12-27-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 6 1941
BUREAU V. S.

12849

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Kensington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: #34 West Baltimore St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Kensington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. #34 West Baltimore St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Frank Fausten Mark

3. (b) Social Security Number None.

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of ~~husband~~ or wife Lavinia Knight Mark
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 4, 1889

8. AGE: Years 51 | Months 8 | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace Poland (Town, county, and state)
10. Usual occupation Jeweler.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden name Unknown
15. Birthplace Poland.

16. Informant Mr Owen Knight
Address Silver Spring, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 31, 1940. (month) (day) (year)
Cemetery or crematory Rockville Union
Location Rockville, Md

18. Funeral director Warner E. Pumphrey
Address 8424 - Ga ave., Silver Spring, Md

19. Dec. 31, 1940 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29 1940, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Deputy Medical Examiner 19__ to 19__, and that I last saw h__ alive on 19__

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. E. Hawkins Deputy Medical Examiner of Montgomery Co. M.D. or other
Address Rockville Md Date signed 12/30/80

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

12850

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgo
City or town Rockville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Montgo
City or town Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lydia Mitchell

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30 1875

8. AGE:

Years	Months	Days	If less than one day
65	7	11	hrs. min.

9. Birthplace Md
(Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name William Brown
13. Birthplace Md
MOTHER 14. Maiden name Sallie Askins
15. Birthplace Md.
16. Informant Elsie Hutt.
Address Rockville, Md.
17. Buried Date thereof Dec. 15 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Oak Grove.
Location Mt Zion, Md.
18. Funeral director Robt. L. Snowden
Address Rockville, Md.
19. Dec 16 1940 Faye Bowman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 19 at 8.15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939, to Dec 13 1940.
and that I last saw h alive on Dec 13, 1940.

Immediate cause of death	DURATION
Ulcerative Carcinoma breast	1937
Due to	
Due to	
Other conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William Welch M. D. or other
Address Rockville, Date signed 12/13/40

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12851

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:

County Montgomery

City or town Gaithersburg (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Near Montrose Md (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war unknown at this time

3. (a) FULL NAME William Turner O'Neale

3. (b) Social Security Number ?

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Virginia Turner

6.(c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.): May. 10 1860

8. AGE: Years 80 | Months 7 | Days 13 | If less than one day ..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name J. O'Neale
13. Birthplace Maryland

MOTHER
14. Maiden name Mary E. Wise
15. Birthplace Virginia

16. Informant Mrs. J. E. Holladay

Address Herdon, Va

17. (Burial, cremation, or removal. Which?) Date thereof Dec 26, 1940 (month) (day) (year)

Cemetery or crematory Rockville Union Cemetery

Location Rockville Md

18. Funeral director Mr Reuben Pumphrey

Address Belherda Md

19. Dec. 25 1940 (Date rec'd by registrar) Alfreda G. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23rd 1940 at 10:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec-6- 1940, to Dec-23- 1940 and that I last saw him alive on Dec-18- 1940

Immediate cause of death: Cardio-nephritis — | DURATION 1 month

Due to Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William C. Miller, M.D. M. D. or other

Address Gaithersburg, Md Date signed Dec-24-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

12852

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH:
County Montgomery
City or town Damascus Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 58 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Nr. Damascus Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR —

3. (a) FULL NAME Lillie M Potts

3. (b) Social Security Number None

4. Sex Female
5. Color or race col
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband ~~or wife~~ William H Potts
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 4 - ~~1840~~ 1882

8. AGE: Years 58 Months 6 Days 21 If less than one day hrs. min.

9. Birthplace Montgomery Co Md
(Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Home

FATHER
12. Name Add Dorry
13. Birthplace Montgomery Co Md

MOTHER
14. Maiden name Martha Plummer
15. Birthplace Montgomery Co Md

16. Informant William H Potts
Address Damascus Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec 27 - 1940
(month) (day) (year)
Cemetery ~~or crematory~~ Friend Ship Md
Location Near Damascus Md

18. Funeral director Roy W Barber
Address Laytonsville Md

19. Dec 27 1940 Della N. Burdette Deputy Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1940, at 9 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 23 1940, to Dec. 25 1940, and that I last saw her alive on Dec 25 1940.

Immediate cause of death Cerebral Haemorrhage Encephalitis — DURATION 3 days a few yrs ago

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George M. Boyer, M.D. M. D. or other
Address Damascus, Md. Date signed 12-26-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12853

CERTIFICATE OF DEATH

Reg. Dist. No. 2 1 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery Co

City or town Sandy Spring Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Third years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Sandy Spring

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Malachia Powell

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Married

6.(b) Name of husband or wife Fannie Powell

6.(c) If alive, give age ~~Unknown~~ years

7. Birth date of deceased (mo., day, yr.) March 1 - 1857

8. AGE: Years 57 | Months 9 | Days 10 | If less than one day ... hrs. ... min.

9. Birthplace Montgomery Co Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name William Powell

13. Birthplace Montgomery Co Md

MOTHER 14. Maiden name Margret Powell

15. Birthplace Montgomery Co Md

16. Informant Isaac Powell

Address Sandy Spring Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 13 1940 (month) (day) (year)

Cemetery or crematory Sandy Spring Md

Location Montgomery Co Md

18. Funeral director Roy W Barber

Address Laytonsville Md

19. Dec 11 1940 (Date rec'd by registrar) Gertrude B. Fowler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1940, at 12:51 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937, to December 1940

and that I last saw h~~im~~ alive on December 7 1940

Immediate cause of death	DURATION
Due to Coronary Thrombosis	?
Due to Bronchial Asthma	?
Other conditions Lues	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Webster Sewell M.D. (M. D. or other)

Address Norbeck, Md Date signed 12-10-40

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12854

STATE OF MARYLAND—CERTIFICATE OF DEATH

186-b

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park Md No. Washington Sanitarium St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yr. Leonard mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Willard Pumphrey

(a) Residence: No. Takoma Park Md St. Ward. 538 Ridge Ave.

(Usual place of abode) SS# 214 18 8203 If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington, D.C. (State or country)

FATHER

13. NAME Samuel M Pumphrey

14. BIRTHPLACE (city or town) Sandy Springs Md (State or country)

MOTHER

15. MAIDEN NAME Josephine K. Snowden

16. BIRTHPLACE (city or town) Sandy Springs Md. (State or country)

17. INFORMANT 538 Ridge Ave Takoma (Address)

18. BURIAL, ~~CREMATION, OR~~ REMOVAL

Place Sandy Springs Date Dec. 7, 1940

19. UNDERTAKER George W. Lewis & Co (Address) 2032-8th Street N.W.

20. FILED Dec 3, 1940 J Wilson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY. That I attended deceased from , 19 , to , 19

I last saw h alive on Coroner Case 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Crushed Skull

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/3, 1940

Where did injury occur? Takoma Park Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public place on highway

Manner of injury Head crushed by falling

Nature of injury Cement

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. E. Hawks Deputy Medical Examiner for Mont Co M.D.

(Address) Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12855

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery

City or town: Colesville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Colesville
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Silver Spring, Maryland R.F.D.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Josephine Rancier

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

8.(b) Name of husband or wife: Edward Rancier

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): December 3, 1849

8. AGE:

Years	Months	Days	If less than one day
91	0	6	..... hrs. ..... min.

9. Birthplace: Louisiana
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: ? Shelton
13. Birthplace: Indiana

MOTHER
14. Maiden name: Isabelle Clark
15. Birthplace: Unknown

16. Informant: Martha M. Scheble
Address: Silver Spring, R.F.D. #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 10, 1940 (month) (day) (year)

Cemetery or crematory: Spencerville Cemetery 12/10/40

Location: Spencerville Md

18. Funeral director: Wm Reuben Humphrey
Address: Rockville Md

19. 12/9 1940 (Date rec'd by registrar) Sallie B. Leibig Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/9/ 1940, at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/28/ 1940, to 12/9/ 1940 and that I last saw her alive on 12/7/ 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	10 days
Due to General Arteries	?
Due to Sclerosis	1
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE: J. W. B[illegible] M.D. (M. D. or other)

Address: Sandy Spring Md Date signed: 12/9/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

No. 12856

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

(131-a)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park, Md. No. Washington Sanitarium & Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Elsie May Reed

(a) Residence: No. 5410 Kansas Ave. N.W. St., Ward. Washington D.C. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. John Coomb Reed

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year) 7 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mc Connellsburg Pa.

FATHER

13. NAME Daniel Mook

14. BIRTHPLACE (city or town) (State or country) Mc Connellsburg Pa.

MOTHER

15. MAIDEN NAME Agnes Bowman

16. BIRTHPLACE (city or town) (State or country) Mc Connellsburg Pa.

17. INFORMANT (Address) Washington San. Tarium & Hosp. Records Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Fern Hill Cemetery Washington D.C. Date 12/16, 1940

19. UNDERTAKER Beale Funeral Home (Address) 4812 Georgia Ave

20. FILED Dec. 13, 1940 J. William Riddell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) / 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1940, to 12/12, 1940

I last saw h... alive on 12/12/40, 1940; death is said to have occurred on the date stated above, at 10 50 p. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Uremia	12/6/40
Chronic interstitial nephritis	
Duration: not stated	
Other Contributory Causes of importance:	
Hypertension	1 yr.
Arteriosclerosis	

Name of operation None Date of

Whet test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Howard Y. Magruder M. D.

(Address) 7 Carroll Ave Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

12857

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: The Montgomery County General Hospital Inc.

How long in hospital or institution? Four days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville - (Rural) (If outside city or town limits, write RURAL and give nearest town)

Street No. R. F. D. #1 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mary Louise Ricketts

3.(b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife —

B.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 29. 1934

8. AGE: Years 6 | Months 3 | Days 11 | If less than one day ... hrs. ... min.

9. Birthplace Travilah - Montgomery Co. Md. (Town, county, and state)

10. Usual occupation Child

11. Industry or business —

FATHER: 12. Name William Thomas Ricketts

13. Birthplace Potomac, Maryland.

MOTHER: 14. Maiden name Helen Virginia Shaw

15. Birthplace Norbeck - Maryland.

16. Informant Hospital Records.

Address Olney, Maryland.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12/12/40 (month) (day) (year)

Cemetery ~~or crematory~~ Potomac M.E. Church

Location Potomac, Md

18. Funeral director Warner E. Pumphrey

Address Rockville, Md

19. Dec 11 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1940, at 8.05 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ... 19..., to ... 19...

and that I last saw h... alive ... 19...

Immediate cause of death: Coroner Case General Peritonitis

Due to Gun Shot Wound in abdomen

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Dec 6 1940

Where did injury occur? Potomac Montgomery and (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Hospital

Means of injury Gun Shot Wound Injured at work? no

23. SIGNATURE C. E. Hawkes Dept. Medical Examiner Mont. Co. D. or other

Address Rockville Md Date signed 12/10/40

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12858

STATE OF MARYLAND—CERTIFICATE OF DEATH

M1 0096

1. PLACE OF DEATH (48-B)

County Montgomery Registration Dist. No. 216

Village or City Chevy Chase No. No. 2 Quincy Street St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Gray Rogers If U. S. Veteran, specify WAR

(a) Residence: No. No. 2 Quincy Street St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ Charles C. Rogers

6. DATE OF BIRTH (month, day, and year) June 8, 1873

7. AGE: Years 67 | Months 6 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington, D.C.
(State or country)

FATHER
13. NAME James Smith
14. BIRTHPLACE (city or town) New York City
(State or country)

MOTHER
15. MAIDEN NAME Jane McCulley
16. BIRTHPLACE (city or town)
(State or country) Scotland

17. INFORMANT Charles C. Rogers
(Address) No. 2 Quincy St., Ch.Ch., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington, D.C. Date Dec. 13th, 1940

19. UNDERTAKER Jos. F. Birch's Sons
(Address) 3034-M St. N.W. - Wash. D.C.

20. FILED Dec. 13, 1940 B. C. Perry M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1939, to Dec. 11, 1940

I last saw her alive on Dec. 10, 1940; death is said to have occurred on the date stated above, at 12:40 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	12/1/38

Other Contributory Causes of Importance:

Acute congestive Heart Failure	11/16/40

Name of operation — Date of —

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sidney C. Cousins M. D.

(Address) 3921 - Ingomar St. N.W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. 3921 - Ingomar

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

No. 12859

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (93d)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park, Md. No. Washington Sanitarium & Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Gertrude Rushe If U. S. Veteran, specify WAR ____

(a) Residence: No. 1216 Decatur St. N.W. St., Ward. Washington, D.C.
(Usual place of abode) SS# 579 01 8884 If nonresident, give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arma Exner Rushe

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	58	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bookkeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. American Federation of Labor

10. Date deceased last worked at this occupation (month and year) April 1940

11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (city or town) Washington (State or country) D.C.

FATHER

13. NAME Robert S. Boswell

14. BIRTHPLACE (city or town) Washington (State or country) D.C.

MOTHER

15. MAIDEN NAME Sally Woodward

16. BIRTHPLACE (city or town) ____ (State or country) England

17. INFORMANT Washington Sanitarium & Hospital Records (Address) Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Woodbury Cem. D.C. Date Dec 16, 1940

19. UNDERTAKER Milburn T. Zuhlke (Address) 510-C St. N.E.

20. FILED Dec. 16, 1940 J. William Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 16 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1940, to December 16, 1940.

I last saw her alive on December 15, 1940; death is said to have occurred on the date stated above, at 1:58 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	
with auricular fibrillation	1937
	or before

Other **Contributory Causes** of Importance:

Name of operation None Date of ____

What test confirmed diagnosis? Electrocardiogram Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Donald C. Hartwell M. D.

(Address) Washington Sanit. & Hospital Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12860

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH:

County Montgomery

City or town M. Damascus md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3220 Auchentoroly Terrace

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Riggin H. Russell

3. (b) Social Security Number 215-03-1374

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife —

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 28 Months Days If less than one day hrs. min.

9. Birthplace Baltimore, md. (Town, county, and state)

10. Usual occupation Manager of Ritz Theater

11. Industry or business

FATHER 12. Name William F. Russell

13. Birthplace Crisfield, md.

MOTHER 14. Maiden name Lena E. Riggin

15. Birthplace Crisfield md.

16. Informant William F. Russell

Address Baltimore md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 2, 1941 (month) (day) (year)

Cemetery or crematory Morland cemetery

Location Harford road Baltimore md.

18. Funeral director William Cook

Address Preston & St Paul Sts Baltimore md.

19. Jan 1 1941 (Date rec'd by registrar) Della W. Burditte Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1940, at 4:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Deputy medical, to examiner, and that I last saw alive on 19

Immediate cause of death Fracture of Spine in lumbar region compound comminuted fracture of both thighs & left arm

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 12/31/40

Where did injury occur? M Damascus (City or town) Montgomery (County) md (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Auto accident Injured at work? no

23. SIGNATURE C. E. Hawks Deputy medical examiner of Montgomery co. M.D. or other

Address Rockville md Date signed 1/1/41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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12861

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery

City or town: Rural, Garrett Park, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Waverly Sanitorium

How long in hospital or institution? 6 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Washington, D.C.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 319 - 5th St., S.E.
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Sarah Catherine Shannon

3.(b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Thomas J. Shannon

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 15, 1849

8. AGE: Years 91 | Months 8 | Days 3 | If less than one day ..... hrs. ..... min.

8. Birthplace: Brooklyn, New York
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: N. Clark
13. Birthplace: New York

MOTHER
14. Maiden name: Roxkanna Nethevay
15. Birthplace: Unknown

18. Informant: Mrs. B. W. Summers

Address: 211 Elm St., Chevy Chase, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 20, 1940 (month) (day) (year)

Cemetery or crematory: Rock Creek, Cemetery

Location: Washington, D.C.

18. Funeral director: W. Reuben Pumphrey

Address: 7005 Wis Ave Bethesda Md

19. 12-20 1940 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18 1940, at 9:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1st 1930, to Dec. 18 1940 and that I last saw her alive on December 16 1940

Immediate cause of death	DURATION
Uremia	
Due to senility	
Chronic interstitial nephritis.	
Due to Duration over fifteen years. C.W.G.R.	
Other conditions Chronic myocardial failure.	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James F. Davidson MD
M. D. or other

Address: 203 Elm Ch Ch Md Date signed 12-18-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 6 1941
BUREAU V. S.

12862

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181)

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:

County Montgomery

City or town Olney

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

The Montgomery County General Hospital Inc.

How long in hospital or institution? 14¼ hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Poolesville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ella Mae Sims

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	Col	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 22, 1936

8. AGE:

Years	Months	Days	If less than one day
4	6	1	hrs. min.

9. Birthplace Martinsburg, Montg. Co. Md. (Town, county, and state)

10. Usual occupation Child

11. Industry or business —

FATHER
12. Name Willie Sims
13. Birthplace unknown

MOTHER
14. Maiden name Masie Dorsey
15. Birthplace unknown

16. Informant Hospital records

Address —

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 26-1940 (month) (day) (year)

Cemetery or crematory Martinsburg

Location Martinsburg Md

18. Funeral director Clarence H Davis

Address Poolesville Md

19. DEC 26 1940 (Date rec'd by registrar) E.W. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1940, at 10.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Deputy medical examiner 19 , to 19 and that I last saw her alive on

Immediate cause of death Second degree burns over entire upper portion of body extending from thighs to top of head

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 12/23/40

Where did injury occur? Martinsburg Montgomery Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Burns 2nd degree Injured at work? no

23. SIGNATURE C.E. Hawks Deputy medical examiner of Mont co. M.D. or other

Address Rockville Md Date signed 12/23/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

For authorization to add 'Date of birth & age' see birth cert. on file.
1-10-41 AS.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12863

Reg. Dist. No. 213

1. PLACE OF DEATH:
County: Montgomery
City or town: Rockville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 615 - N. Monty. Ave
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 16 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County: Montgomery
City or town: Brookdale Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R. R. D Rockville
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Charles Thomas Sleam

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ida Slater Sleam

6(c) If alive, give age: about 70 years

7. Birth date of deceased (mo., day, yr.): Dec entre 10 - 1862

8. AGE:

Years	Months	Days	If less than one day
78	0	18	____ hrs., ____ min.

9. Birthplace: Rockingham Co - Virginia (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Joseph J Sleam
13. Birthplace: Virginia

MOTHER
14. Maiden name: Cynthia Fossett
15. Birthplace: Virginia

16. Informant: Mrs Harry Hoskinson
Address: 615-20 - Monty Ave Rockville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 30-1940 (month) (day) (year)

Cemetery or crematory: Methodist Church
Location: Poolesville - Maryland

18. Funeral director: Wm. Reuben Humphrey
Address: Rockville - Maryland

19. Dec 29 1940 Faye L. Bernsley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 28 19 40, at 6:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 38, to Dec. 28 19 40, and that I last saw h- alive on Dec. 28 19 40.

Immediate cause of death	DURATION
Acute dilatation of heart	2 days
Due to Myocarditis	
Due to Bronchial asthma	60 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Esther F. Kuhn M.D
M. D. or other
Address: Rockville, Md Date signed Dec. 28, 19

RECEIVED
JAN 6 1941
BUREAU V. S.

12864

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery

City or town: Silver Springs Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town:
(If outside city or town limits, write RURAL and give nearest town)

Street No. 8102 Park Crest Drive
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: James Albert Soper

3.(b) Social Security Number: 577-22-4949

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Blanche V. Soper

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 28, 1896

8. AGE: Years 44 | Months 8 | Days 28 | If less than one day ..... hrs. ..... min.

9. Birthplace: Ireland (Town, county, and state)

10. Usual occupation: Vice-Pres. Bank

11. Industry or business: Banker

FATHER
12. Name: Albert Soper
13. Birthplace: Ireland

MOTHER
14. Maiden name: Margaret ?
15. Birthplace: Ireland

16. Informant: Mr. Richard L. King

Address: 521 Rolling Rd. Chevy Chase, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 12/26/40 (month) (day) (year)

Cemetery or crematory: Rock Creek Cemetery

Location: Washington D.C.

18. Funeral director: J. Wm Lees Sons

Address: Wash. D.C.

19. 12/26 1940 (Date rec'd by registrar) Sallie B. Leiling Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 26 1940, at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Deputy medical Examiner 19..., to ..... 19..., and that I last saw h..... alive on .....

Immediate cause of death: Pistol Shot in right side of head which passed thru brain & exit was in left parietal region above left ear.

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Suicide Date of 12/26/40

Where did injury occur? Silver Spgs Montgomery Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury: Pistol Shot Injured at work? No

23. SIGNATURE: C. E. Hawks Deputy Medical Ex of Montgomery Co M. D. or other

Address: Rockville Md Date signed 12/26/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 6 1941
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92B)

12865

CERTIFICATE OF DEATH

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Martinsburg Md
City or town Rural near Dickerson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 78 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Martinsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural nr. Dickerson
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Atcha Manley Thompson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	married

6 (b) Name of husband or wife Mary Ellen Thompson
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26 - 1862

8. AGE: Years	Months	Days	If less than one day
78	11	2	hrs. min.

9. Birthplace Martinsburg Md
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Albert Thompson
13. Birthplace Martinsburg
MOTHER 14. Maiden name Eliza Price
15. Birthplace Unknown
16. Informant James Thompson
Address Dickerson
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 31 - 1940 (month) (day) (year)
Cemetery or crematory Martins Barg
Location near Dickerson Md
18. Funeral director Clarence H Davis
Address Poolesville Md
19. Dec 30 1940 (Date rec'd by registrar) E W White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1940, at 2 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1940, to Dec 27 1940 and that I last saw h alive on Dec 27 1940

Immediate cause of death Acute myocarditis — DURATION 2 days

Due to Mitral Insufficiency 1928

Due to

Other conditions arterial sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

7

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E W White M. D. or other
Address Poolesville Date signed 12/30/40

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JAN 6 1941
BUREAU V.S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

OB 12866

(69)

1. PLACE OF DEATH

County Montgomery — Registration Dist. No. 223-

Village or City Takoma Park — No. Washington Sanitarium & Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Miss Ida M. Thompson

(a) Residence: No. 5413 16th St. N.W. St., Ward. Washington D.C.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12, 1870(?)

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
?	70-80 82	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Binghamton New York.

FATHER

13. NAME Welcome Thompson

14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER

15. MAIDEN NAME Angeline Graves

16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMANT (Address) Washington Sanitarium & Hospital Records. Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Date Dec 19, 1940

19. UNDERTAKER (Address) Martin W. Hyperglo 1300 N St NW

20. FILED Dec 19, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1940, to Dec. 19, 1940

I last saw her alive on Dec 18, 1940; death is said to have occurred on the date stated above, at 3 30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1940

Other Contributory Causes of Importance:

Hypertensive Cardio-vascular disease	1932
Pellagra	1934

Name of operation none Date of none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19____

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ✓

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) Henry S. Brown M. D.

(Address) Takoma Park, D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

CLEVELAND
JAN 6 1941
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

12867

Reg. Diat. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:
Washington Sanitarium + Hospital

How long in hospital or institution? 18 hrs. 5 M.N

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Takoma Park, ~~Md~~ D. C.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5 Whittier
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Clara T Thumwood

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband ~~or wife~~: Frederick T Thumwood

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 28 1890

8. AGE: Years	Months	Days	If less than one day
50	6	11	..... hrs. ..... min.

9. Birthplace: Ontario
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business: own home

FATHER
12. Name: Robert Mc Gregor
13. Birthplace: Ontario

MOTHER
14. Maiden name: Agnes Morrison
15. Birthplace: Toronto. Ontario

16. Informant: Washington San't Hospital Records
Address: Takoma Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 6, 1940. (month) (day) (year)

Cemetery or crematory: Wash. Memorial Park.

Location: Riggs Road Co. Geo. Co. Md.

18. Funeral director: F. Arthur Walters

Address: 25 Carroll St. Takoma Park, D. C.

19. Dec. 4 1940 (Date rec'd by registrar) J. Wilson Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 4 1940, at 5 05 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 2 1940, to December 4 1940

and that I last saw h...alive on Dec. 3 1940

Immediate cause of death	DURATION
Uremia	2 days
Due to: Nephritis	10 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings at operation: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Wm. A Shannon M.D.
M. D. or other

Address: 113 Carroll St. N.W. Date signed: Dec. 4, 1940

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JAN 6 1941
BUREAU V. S.

M

S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

12868

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County: Montgomery

City or town: Germantown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Date of birth

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Montgomery

City or town: R.F.D. Germantown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Stillborn Infant Umberger

3. (b) Social Security Number

4. Sex: Unk.

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: —

6.(b) Name of husband or wife: —

8.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Dec. 25, 1940

8. AGE: Years: Stillborn | Months | Days | If less than one day: hrs. min.

9. Birthplace: Germantown, Md (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER

12. Name: PAUL CLIFFORD UMBERGER

13. Birthplace: Loudon Co. Va.

MOTHER

14. Maiden name: Lenora Evelyn Sutphin

15. Birthplace: Pulaskie Co. Va.

16. Informant: Mrs. P.C. Umberger

Address: Germantown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: Destroyed with debris.

Location

18. Funeral director

Address

19. Dec 26 1941 (Date rec'd by registrar) Upton D. Brown MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 25 1940 at 8:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ at birth, Dec. 25 1940, to 19

and that I last saw ~~it~~ ~~alive on~~ born dead on that date.

Immediate cause of death: Prematurity – intrauterine absence of fetal vitality – pregnancy duration about 3 mos.

Due to: Medical classification – spontaneous abortion.

Due to:

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Geo D. Selby, M.D. M. D. or other

Address: Dawsonville, Md. Date signed: 1/15/41

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JAN 16 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CB

12869

135-a

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 hrs. & 55 minutes

Hospital, Institution, or street address where death occurred: Washington Sanitarium & Hosp.

How long in hospital or institution? 11 hrs. + 55 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1820 Clyesdale Place N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Mr. Frank Valentine

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Nancy Valentine

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 19, 1869

8. AGE:

Years	Months	Days	If less than one day
71	10	6	..... hrs. ..... min.

9. Birthplace: Fairmont, West Va.
(Town, county, and state)

10. Usual occupation: Retired Carpenter

11. Industry or business

FATHER
12. Name: Henry Valentine
13. Birthplace: Fairmont, W. Va.

MOTHER
14. Maiden name: Marsela Wade
15. Birthplace: Fairmont, W. Va.

16. Informant: Washington Sanitarium Records

Address: Takoma Park, Md.

17. ..... Date thereof ..... (month) (day) (year)
(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location: Washington D.C.

18. Funeral director: W. W. Chambers Co.

Address: 1400 Chapin St., Wash. D.C.

19. Dec 25 1940 J. Wilson Dodd
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 25, 1940, at 7 25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19....., to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Pneumonia-Suppurative — DURATION: Terminal

Due to: Chronic Ulcerative Cystitis

Due to: Cystic Degeneration of Kidneys

Other conditions: Underlying cause of the ulcerative cystitis (chronic) was gonorrhoea. C.W.G.R.
(Include pregnancy within 6 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: C. E. Hawks Deputy Medical Examiner of Mont. Co. M. D. or other

Address: C. E. Hawks Date signed 12/28/40

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JAN 6 1941
BUREAU V. S.

12870

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83 B)

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: Montg Co,
County Gaithersburg Md, R F D.
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Montg
City or town Emory Grove, Near Gaithersbg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Hamilton Wallace

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col,	Widower

6 (b) Name of husband or wife Mary E Wallace
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3rd 1847

8. AGE:	Years	Months	Days	If less than one day
1847	93	3	24	hrs. min.

9. Birthplace Canada,
(Town, county, and state)
10. Usual occupation Farm Laborer
11. Industry or business

FATHER
12. Name Unknown "
13. Birthplace

MOTHER
14. Maiden name Unknown "
15. Birthplace

16. Informant Carroll Washington, Wallace
Address 2220.13th St N W Washington D C

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 30/40 (month) (day) (year)
Cemetery or crematory Brookgrove Cemetary
Location Near Laytonsville Md

18. Funeral director Ernest C Gartner
Address Gaithersburg Md

19. Dec. 30 1940 (Date rec'd by registrar) Alveda G Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27th 1940 19 , at 2am M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1940, to Dec 27 1940, and that I last saw him alive on Dec 26 1940.

Immediate cause of death Cerebral Embolus — DURATION 24 hrs
Due to Aortic Sclerosis and a General — Unknown
Due to Artero-Sclerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Vernon H Dyson M D
M. D. or other
Address Laytonsville Md Date signed Dec 30/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13-8)

12871

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
County Montgomery
City or town Emory Grove md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Gaithersburg md
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 34 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Emory Grove md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Rhenbin W. Waters

3. (b) Social Security Number ✓ none

4. Sex: Male
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 2. 1906

8. AGE: Years 34 | Months 8 | Days 16 | If less than one day ___ hrs. ___ min.

9. Birthplace Montgomery Co md (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farm

FATHER
12. Name Nathan Waters
13. Birthplace Montgomery Co md

MOTHER
14. Maiden name Amanda Waters
15. Birthplace Gaithersburg md

16. Informant Nathan Waters
Address Gaithersburg md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 20 1940 (month) (day) (year)
Cemetery or crematory Emory Grove md
Location Montgomery Co md

18. Funeral director Roy W Barber
Address Laytonsville md

19. Dec 20 1940 (Date rec'd by registrar) Alvenda G. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940, at 8.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Deputy Medical Examiner Dept. to ___ and that I last saw h___ alive on ___ 19___

Immediate cause of death: Chronic Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C E Hawks Deputy Medical Examiner Dept. M. D. or other
Address Rockville md Date signed 12/19/40

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

CB

12872

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
County Montgomery
City or town Takoma Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Sanitarium & Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 14 days
Stay in this community (yrs., or mos., or days) 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3660 Park Place S.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mrs. Lena Weitzman

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Benjamin Weitzman
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 62 | Months ? | Days ? | If less than one day ____ hrs. ____ min.

9. Birthplace ? Poland (Town, county, and state)
10. Usual occupation House wife
11. Industry or business Own Home
FATHER
12. Name Walter Bertach
13. Birthplace ?, Poland
MOTHER
14. Maiden name ?
15. Birthplace ?
16. Informant Washington Sanitarium Records
Address Takoma Park, Md.
17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec 16 1940 (month) (day) (year)
Cemetery or crematory
Location Washington D.C.
18. Funeral director B Danzansky
Address 3501-14th St. N.W.
19. Dec 16 1940 (Date rec'd by registrar) J Milton Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15, 1940, at 1 50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Dec 15 1940, and that I last saw her alive on Dec 15 1940.
Immediate cause of death Cardiac failure Arteriosclerotic Heart Disease
Due to Pulmonary Edema
Due to Uremia Arteriosclerosis, Hypertension
Other conditions Cerebral accident
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE A K Bhagwadi M. D. or other
Address 1915 Kalorama Rd. N.W. Date signed 12-15-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12873

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
County: 4847 Park Ave MONT.
City or town: Bethesda Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Montgomery
City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 4847 Parks Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: George T. Wells, Jr.

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

8.(b) Name of husband or wife:
8.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 31, 1879

8. AGE:

Years	Months	Days	If less than one day
60	3	16	hrs. min.

9. Birthplace: Washington. D.C.
(Town, county, and state)
10. Usual occupation: Blacksmith
11. Industry or business
FATHER 12. Name: George T. Wells, Sr.
13. Birthplace: Virginia
MOTHER 14. Maiden name: Elizabeth Ann Sullivan
15. Birthplace: Washington. D.C.
16. Informant: Daniel P. Wells
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12-20-40 (month) (day) (year)
Cemetery or crematory: Mt. Olivet
Location: Washington. DC
18. Funeral director: [illegible]
Address: 2900 M St. N.W.
19. Dec. 18 1940 (Date rec'd by registrar) Benj. C. Berry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 17 1940, at 1:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 13 1940, to December 17 1940
and that I last saw him alive on December 17 1940

Immediate cause of death: Lobar Pneumonia — DURATION: 2 days
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Harry M Fletcher M D
M. D. or other
Address: 4531 Nebraska Ave Washington D C Date signed: Dec. 17 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1941
BUREAU V. S.

12874

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(163-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Westgate Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 5315 Mass Ave Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Westgate Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 5315 Mass. Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Ralph M. Mac Williams

3. (b) Social Security Number 578-03-2678

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nora B. Mac Williams

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 22, 1902

8. AGE: Years 38 Months 10 Days 14 If less than one day ____ hrs. ____ min.

9. Birthplace: Canton, Maine (Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: Standard Oil Co.

FATHER

12. Name: Matthew G. Mac Williams

13. Birthplace: Seattle, Wash.

MOTHER

14. Maiden name: Emma Parks

15. Birthplace: Canton, Maine

16. Informant: Nora B. Mac Williams

Address: 5315 Mass Ave., Westgate, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 9, 1940 (month) (day) (year)

Cemetery or crematory: Ft. Lincoln Cemetery

Location: Wash

18. Funeral director: The S. H. Hines Co.

Address: 2901-14th St. N.W., Wash. D.C.

19. Dec 8 1940 (Date rec'd by registrar) B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 6 1940, at 6:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw ____ alive on ____ 19__.

Immediate cause of death: Corona Case

Carbon Monoxide Poison

Due to

Due to Suicide.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of 12/6/40

Where did injury occur? Westgate Montgomery Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury: Suicide Injured at work? No

23. SIGNATURE: C. E. Hawks Deputy medical et al Montgomery (M. D. or other)

Address: Rockville Md Date signed 12/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

CERTIFICATE OF DEATH

12875

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Scotland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgomery
City or town Scotland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rose Mary Williams

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	single

8 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 2 - 1940

8. AGE: Years | Months 4 | Days 20 | If less than one day hrs. min.

9. Birthplace Scotland (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Ozie Williams
13. Birthplace Md

MOTHER 14. Maiden name Lillian A Long
15. Birthplace Wash D C

16. Informant Ozie Williams
Address Bethesda Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 23/1940 (month) (day) (year)
Cemetery or crematory Congressional
Location Washington D C

18. Funeral director Wm Reuben Dunphrey
Address Rockville - Maryland

19. 12/23/40 1940 (Date rec'd by registrar) Faye D Knadler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 22 1940, at 7 A.M. about

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Medical Examiner 19 to 19, and that I last saw h alive on 19

Immediate cause of death (Suffocation) Asphyxia

DURATION

Due to Hanging Suicidal

Due to (or as a consequence of) (accidental?)

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 12/22/40
Where did injury occur? Scotland Montgomery Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Woods
Means of injury Smothered Injured at work? No

23. SIGNATURE C E Hawks Deputy Medical Examiner M.D. or other
Address Rockville Md Date signed 12-24-40

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JAN 6 1941
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-a

12876

CERTIFICATE OF DEATH

Reg. Dist. No. 2-14

1. PLACE OF DEATH:
County Montgomery
City or town Mr. Clarksburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Mr. Clarksburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Benjamin Franklin Hims

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	C	widowed

B (b) Name of husband or wife Eliza Hims

Deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1841

8. AGE:

Years	Months	Days	If less than one day
99	7	22	hrs. min.

9. Birthplace Mr. Clarksburg, Md.
(Town, county, and state)

10. Usual occupation Farm Helper - retired

11. Industry or business

FATHER
12. Name John Henry Hims
13. Birthplace Mr. Clarksburg, Md.

MOTHER
14. Maiden name Eliza (unknown)
15. Birthplace Mr Clarksburg, Md.

16. Informant Rena Hims
Address R.F.D. Germantown, Md

17. Burial Date thereof Dec. 12, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rocky Hill Cemetery
Location Mr. Clarksburg, Md.

18. Funeral director Roy W. Barber
Address Laytonsville, Md.

19. Dec 12th 1940 W E Lewis Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1940, at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 28 1940, to Dec. 9 1940, and that I last saw him alive on Dec. 7 1940.

	DURATION
Immediate cause of death Cerebral Haemorrhage	11 days
Due to Arteris-Sclerosis + Hyper-	Unknown
Due to tension -	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George M. Boyer M. D.
M. D. or other
Address Damascus, Md. Date signed 12-10-40

RECEIVED
JAN 6 1941
BUREAU V. S.

12877

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Md)

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH:

County Montgomery

City or town Near Damascus Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) All Life 53 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Near Damascus Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Luther Downey Young

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Ruth M Young

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) March 17 1887

8. AGE: Years	Months	Days	If less than one day
53	8	25	hrs. min.

9. Birthplace Montgomery Co Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER 12. Name Luther H Young

13. Birthplace Montgomery Co Md

MOTHER 14. Maiden name Sarah A Young

15. Birthplace Montgomery Co Md

16. Informant Ruth M Young

Address Damascus Md

17. Burial (Burial, cremation, ~~or removal~~. Which?) Date thereof Dec 3 - 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Damascus Md

Location Montgomery Co Md

18. Funeral director Roy W Barber

Address Laytonsville Md

19. Dec 3 1940 (Date rec'd by registrar) Debla N. Burdette Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 1940, at 8 10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 30 1940, to December 1 1940, and that I last saw him alive on Dec. 1 1940.

Immediate cause of death Coronary Occlusion — DURATION 9 hours

Previous attack Sept. 1936

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George M. Boyer, M.D. M. D. or other

Address Damascus, Md Date signed 12-2-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
JAN 6 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12878

CERTIFICATE OF DEATH

Reg. Diat. No. 24

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

9901 Merwood Lane

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montg.

City or town Silver Spring

(If outside city or town limits, write RURAL and give nearest town)

Street No. 9901 Merwood Lane

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Laura May Zimmer

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband ~~or wife~~ Frederick Irving Zimmer

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 24, 1876

8. AGE: Years	Months	Days	If less than one day
64	6	25	..... hrs. ..... min.

9. Birthplace Castle Valley, Pa.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Lightcapp

13. Birthplace Pa.

MOTHER 14. Maiden name Elizabeth Wismer

15. Birthplace Pa.

16. Informant Mrs. Chas. H. Gelfrey

Address 9901 Merwood Lane, S.S.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 21, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Fort Lincoln

Location Bladensburg Rd., Md.

18. Funeral director Wexner & Pumphrey

Address Silver Spring, Md.

19. 12/20/40 1940 Callie B. Lerley

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1940, at 2:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 29 1937 to Dec. 19 1940 and that I last saw her alive on December 18, 1940

Immediate cause of death	DURATION
Essential Hypertension	5 years
Due to	
Due to	
Other conditions Renal failure	5 Days
cerebral hemorrhage & hemiplegia	2½ yrs

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jerome J. Krick M. D. (M. D. or other)

Address 1701 16th St. N.W. Date signed Dec. 19, 1940

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